



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES
TOTAL RETENTION FACILITIES
TOTAL RETENTION FACILITIES with LAND APPLICATION
WASTEWATER BYPASS FORM

DEQ Facility ID: 5-30601 Facility Name: RWD #20 County: PITTSBURGH

Report all Total Retention Facility and
Total Retention Facilities with Land Application
wastewater bypasses to
DEQ/ Environmental Complaints and Local Services
within 24 hours at:

1-800-522-0206

Mail or Fax written report including copies of ANY test results
within 5 days to:

Department of Environmental Quality
Environmental Complaints and Local Services
P.O. Box 1677
Oklahoma City, OK 73101-1677
Fax No. (405) 702-6226

DEQ notified: MAY 08 2019 11:00 ☒ AM ☐ PM Received by: ASHLEY

Period of bypass: From MAY 8 2019 10:00 ☒ AM ☐ PM
To MAY 9 2019 07:00 ☐ AM ☒ PM

Type of Bypass: ☐ Pipe ☒ Lagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station ☐ Irrigation

Strength of Bypass ☐ Raw ☒ Partially Treated ☐ Re-use (Category 4) Amount of Bypass: 432 K gpd

Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☐ pH ☐ None ☒ Other: C BOD, TSS, Ammonia, TP, H₂S, E. coli, man

Geographical location of bypass and receiving stream if appropriate: 35° 12' 36.19 N, 95° 32' 24.46 W

Reason for bypass: #3 LAGOON WAS IN DANGER OF BREACHING THE DYKE.

Steps taken to prevent recurrence: REDUCING 1+1 & INSTALLING NEW WWTP.

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? _____

Impact to receiving stream and /or surrounding areas: TESTING RESULTS PENDING & WILL BE

Steps taken to clean up or treat bypass: FORWARDED AS SOON AS RESULTS ARE AVAILABLE.

Reported by: Bps BUCKNER Title: PROJECT MANAGER

Signature: Bps Buckner Date: 5-10-19 Phone #: [REDACTED]
Facility Representative

DEQ EPS USE ONLY:

Type of Contact: ☐ Phone or ☐ Site Visit Date: _____ Follow up Site Visit ☐ Date: _____

Geographical location of bypass and receiving stream if appropriate: _____

Reason for bypass: _____

Steps taken to prevent recurrence: _____

Impact to receiving stream and/or surrounding areas: _____

Steps taken to clean up or treat bypass: _____

Corrective action needed: _____ Comply by date: _____

Reported information confirmed: ☐ Yes ☐ No If no, explain: _____

Comments: _____

Signature: _____ ID #: _____ Date: _____
ECLS Representative

OKC Central Office Use Only
BYPASS ID #